

# **RESPONSE TO OVERSIGHT COMMISSION RECOMMENDATIONS**

**December 1, 2004**

## **Recommendation #1. Scope and Legislative Intent.**

The Behavioral Health Oversight Commission of the Legislature recommends that the Behavioral Health Implementation Plan be amended to clarify that the scope of the Nebraska Behavioral Health Services Act (Neb. Rev. Stat., sections 71-801 to 71-820) includes all elements of the public behavioral health system in the State of Nebraska and all consumers served by the system, and to more clearly reflect the Legislature's intent to reform the system as a whole, within the limitations of available funding, for the purpose of providing better services and outcomes for consumers.

## **Response to Recommendation #1:**

The Behavioral Health Implementation Plan will be revised as follows:

- Section IIIC2(b) "out of scope" on page 35 will be deleted. The following information is added:
- The priority for the use of funds appropriated to the Division of Behavioral Health to serve the adult population shall be:
  1. Persons with serious mental illness or substance abuse dependence who are or have been committed to the state for inpatient services,
  2. Persons with serious mental illness or substance abuse dependence who are at risk of being committed to the state for inpatient services.
  3. Persons with serious mental illness or substance abuse dependence of such acuity that it threatens hospitalization or loss of work, home, or family, but who are not at risk of being committed to the state for inpatient services.
  4. Other persons with mental illness or substance abuse dependence that are utilizing publicly funded services.

Implementation of the plan will address priorities in this order. It will also provide a foundation for reforming the system as a whole, within the limitations of available funding, for the purpose of providing better services and outcomes for consumers. Based on the impact of this plan on the System, actions will be initiated which impact other populations of consumers, including children and adolescents, adult sex offenders, forensics patients, and adult consumers needing services who not committed to HHSS.

## **Recommendation #2. Phase I and Phase II Planning**

The Behavioral Health Oversight Commission of the Legislature recommends that the Behavioral Health Implementation Plan be amended to clarify the integration of shorter-term (Phase I) and longer-term (Phase II) planning into the overall project plan for implementation of LB 1083 (2004) generally and the Nebraska Behavioral Health Services Act specifically, and to provide additional detail regarding Phase II planning.

### **HHSS Response to Recommendation #2:**

At the November 12, 2004 meeting of the Commission, HHSS recommended a new approach for Phase 2 planning. The new approach is based on the premise that implementation of Phase I plans has a direct impact on the services and capacities to be addressed in Phase II plans. As a result, Phase II, longer-term planning must be more flexible. An amended Phase 2 approach will be addressed to the Commission in a narrative outlining long range planning action. Short-term incremental steps to the process will be developed and reported to the Commission as plans are developed.

### Recommendation #3. Due Dates and Deliverables.

The Behavioral Health Oversight Commission of the Legislature recommends that the Behavioral Health Implementation Plan be amended to provide further clarification of project “deliverables,” and the commission requests that it be provided additional documentation regarding completed deliverables for its further review.

### HHSS Response to Recommendation #3:

A short narrative describing each deliverable in the Plan is provided in the table below. Information on the status of deliverables will be forwarded to the Commission as it becomes available.

| ID # | Stat. Sect. | Del. Code | Deliverable   | Narrative   |
|------|-------------|-----------|---|---|
| 1    | S5          | D1        | An Administrator for the Division of Behavioral Health Services   | The Administrator of the Division of Behavioral Health Services is appointed by the Governor and reports to the Director of HHS.              |
| 12   | S5          | D2        | A Chief Clinical Officer for the Division of Behavioral Health Services   | The Chief Clinical Officer is recruited and hired by the Director of the Division of Behavioral Health Services.                              |
| 22   | S5          | D3        | Office of Consumer Affairs (OCA)  | The Office of Consumer Affairs is established and roles, functions, and goals established   |
| 29   | S5          | D4        | Program Administrator of Office of Consumer Affairs   | The Administrator of the Office of Consumer Affairs is recruited and hired by the Administrator of the Division of Behavioral Health Services |
| 39   | S5          | D5        | Separate budget and method of accounting for revenues and expenditures for the Division of Behavioral Health Services | Budget program codes and accounting processes required to track Division of Behavioral Health revenues and expenditures are established.      |
| 42   | S6.1(a)     | D1        | List of Rules and Regulations (R&R) for Division of Behavioral Health Services  | A list of rules and regulations that the Division of Behavioral Health Services required to implement LB 1083 is developed                    |
| 44   | S6.1(a)     | D2        | Operating Policies for Division of Behavioral Health Services   | Division of Behavioral Health policies and procedures required to implement LB 1083 are written or revised.                                   |
| 45   | S6.1(a)     | D2.1      | Operating policies needed immediately to implement LB 1083  | HHSS Policies and Procedures related to Behavioral Health Services are written or revised to reflect the requirements of LB1083.              |
| 45   | S6.1(a)     | D2.1      | Operating policies needed immediately to implement LB 1083  | HHSS policies and procedures related to Behavioral Health services are written or revised to reflect the requirements of LB 1083              |

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| 51  | S6.1(a) | D3   | List of existing Division provided services and locations, including Regional Centers (RC), and including brief descriptions | A list of existing community and regional center behavioral health services and their locations where the service will be provided is developed  |
| 56  | S6.1(a) | D4   | List of proposed Division provided services and locations, including RCs, and including brief descriptions                   | A list of proposed behavioral health services and definitions to be provided in the community and in the regional centers is developed.  |
| 61  | S6.1(a) | D5   | Roles and functions of Division of Behavioral Health Services  | The roles and functions of the Division of Behavioral Health Services are defined  |
| 67  | S6.1(a) | D6   | Organizational chart for the division, including regional centers  | An organizational chart for the Division of Behavioral Health services as created by LB 1083 is created  |
| 73  | S6.1(b) | D1   | Integration plan   | A plan for integrating and coordinating the public behavioral health system and its various funding sources is developed   |
| 83  | S6.1©   | D1   | Comprehensive statewide plan (Annual-not 1083 plan) [Section 10(1) has details]  | A comprehensive statewide plan for the provision of community-based services and a continuum of care is developed to provide for access to services, high quality services, public safety, and cost-effective services |
| 95  | S6.1(d) | D1   | Role and functions of Regional Behavioral Health Authorities (RBHA)  | The roles and functions of the Regional Behavioral Health Authorities and their relationship to the Division of Behavioral Health Services shall be defined.   |
| 103 | S6.1(d) | D1.1 | Role of RBHA in approval of claims payment   | The role of the Regional Behavioral Health Authorities in the approval of and payment of provider claims will be determined by the HHSS Policy Cabinet   |
| 113 | S6.1(d) | D2   | Regional Budgets   | The annual regional budgets and the plans for funding and delivery of the behavioral health services in each region funded with public funds are submitted to the Division of Behavioral Health Services for approval  |
| 124 | S6.1(d) | D3   | Rules, regulations, policies, procedures relative to the RBHA  | Division of Behavioral Health rules and regulations related to the oversight of the Regional Behavioral Health Authorities activities are developed.   |
| 126 | S6.1(d) | D4   | Audit BH Programs and Services   | Audits of publicly funded behavioral health programs and services in each region are conducted by the Regional Behavioral Health Authority in coordination with the Division of Behavioral Health Services             |

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| 133 | S6.1(e) | D1 | Management information system  | A management information system to collect and report consumer information necessary to monitor consumer outcomes and provider and system performance is developed and implemented               |
| 141 | S6.1(e) | D2 | Decision/process to "Track" patients discharged from Regional Centers (RC) | An information system to track and monitor patients being served at and/or discharged from the regional centers as part of the implementation of LB 1083 will be developed and implemented.      |
| 146 | S6.1(e) | D3 | Bid and Negotiate Vendor Contract for prior authorization support          | A contract with a provider (Administrative Services Organization - ASO) to perform prior authorization and utilization review of behavioral health services will be signed and implemented       |
| 150 | S6.1(f) | D1 | Reimbursement Process  | A common methodology/process for reimbursing behavioral health providers will be developed and implemented   |
| 157 | S6.1(f) | D2 | Rate methodology   | (Duplicates Deliverable #357) A methodology for determining the rates to be paid behavioral health providers is developed and approved by the HHSS Policy Cabinet                                |
| 159 | S6.1(f) | D3 | Rates for services   | (Duplicates Deliverable #369)The rates to be paid behavioral health providers beginning July 1, 2005, are established and implemented  |
| 161 | S6.1(f) | D4 | Financial Eligibility policy/sliding fee scale/consumer co-pay             | A Financial Eligibility Policy and sliding fee scale that establishes the fees or co-pays to be paid by consumers for behavioral health services is established and implemented                  |
| 169 | S6.1(f) | D5 | Statement of Priorities  | A statement of the priorities for serving consumers and the development of behavioral health services will be developed by the Division  |
| 175 | S6.1(g) | D1 | List of professions, services, and facilities to be credentialled by R&L   | A list of the the professions, services, and facilities that will need to be credentialled by R&L to implement the <i>LB 1083 Behavioral Health Implementation Plan</i> will be created          |
| 181 | S6.1(g) | D2 | A cooperative agreement between R&L and HHS                                | A cooperative agreement describing the relationship and the responsibilities of both R&L and HHS in the administration and coordination of the public behavioral health system will be completed |

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| 187 | S6.1(h) | D1 | Revise cooperative agreement with F&S                                 | A cooperative agreement describing the relationship and the responsibilities of both F&S and the Medicaid Program and HHS in the administration and coordination of the public behavioral health system will be completed |
| 190 | S6.1(h) | D2 | List of Medicaid covered BH services                                  | A list of proposed Medicaid covered behavioral health services and definitions to be provided in the community and in the regional centers is developed.  |
| 193 | S6.1(i) | D1 | Audit Procedures  | The procedures for auditing the financial records and program integrity of behavioral health providers will be developed  |
| 200 | S6.1(j) | D1 | Workforce development plan  | A Workforce Development Plan designed to improve the quality of recruitment and retention of behavioral health professionals will be developed and implemented  |
| 205 | S6.1(j) | D2 | Best Practices  | A plan for the promotion of research and education to improve the quality of behavioral health services is developed and implemented  |
| 213 | S6.1(j) | D3 | Clinical and educational Tele-behavioral health                       | Tele-Behavioral health services to improve the quality of behavioral health services and increase access to programs and services are implemented   |
| 218 | S6.1(j) | D4 | Grant applications consistent with reform project                     | Grants that are consistent with the implementation of LB1083 and the role and function of the Division of Behavioral Health Services are applied for.   |
| 224 | S6.1(j) | D5 | Training curricula  | Training curricula are developed to improve the quality of behavioral health services and access to programs and services are developed   |
| 230 | S6.2    | D1 | List of all regulations to be created or amended to implement LB 1083 | A list of all rules and regulations that will need to be created or amended to implement LB 1083 is created   |
| 234 | S8      | D1 | Guidance to RBHA to meet LB1083 requirements                          | Guidance is provided to Regional Behavioral Health Authorities in the formation of the Regional Governing Board, a regional administrator, an advisory committee, and county funding requirements is provided             |
| 238 | S8      | D2 | HHSS provides all 6 region reports to oversight commission            | The lists of Regional Governing Board members, Advisory Commission members, and Regional Administrators are provided to the Legislative Oversight Commission  |

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| 240 | S8     | D2.1 | List Regional Governing Board (RGB) Members                                     | A list of the Regional Governing Board members for each Regional Governing Board is collected   |
| 244 | S8     | D2.2 | List Advisory Commission Members  | A list of the Advisory Commission members in each region will be collected  |
| 248 | S8     | D2.3 | List of Regional Program Administrators (RPA)                                   | A list of the Regional Administrators in each region is collected   |
| 252 | S8     | D3   | Certification of county matching funds  | The certification of the county matching funds required in each region is provided to each region   |
| 257 | S9     | D1   | Rules and Regulations (R&R) for the development and coordination of BH services | The HHSS rules and regulations for the development and coordination of services by the regions is written and implemented.  |
| 262 | S9     | D2   | R&R for the provision of BH services  | The HHSS rules and regulations relating to the regions providing services is written and implemented  |
| 267 | S9     | D3   | Policy for the provision of services by RBHAs                                   | The Division of Behavioral Health services policies relating to the regions providing services is written and implemented   |
| 268 | S9     | D3.1 | Process/guidance for RFP competitive bids as it relates to the RBHAs            | Guidelines for competitive bidding and preparing Requests for Proposals (RFP) is prepared and distributed to Regional Behavioral Health Authorities   |
| 272 | S10(1) | D1   | Statewide Community BH Services Plan for July 1, 2004.                          | A statewide Behavioral Health Services Plan for the development of community-based services and reduction of demand for regional center services is developed as part of the <i>HHSS LB 1083 Behavioral Health Implementation Plan</i> of July 1, 2004. |
| 278 | S10(1) | D1.1 | List of services and capacities needed to serve the target population           | A list of community-based behavioral health services and capacities needed to reduce the demand for regional center services is developed for each region.  |
| 283 | S10(1) | D1.2 | List of Emergency Services to reduce needs for acute/secure services            | A list of the Emergency Services needed in the community to reduce the need for acute and secure services is developed for each region  |
| 288 | S10(1) | D1.3 | Final Regional BH Plans (7/1/04)  | Proposed Behavioral Health service plans are provided by each region to HHSS for review   |

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| 293 | S10(1) | D1.4 | Summary of Heating, Ventilation, and Air Conditioning (HVAC) and Construction Renovation Costs and Uses for Building 14. | A report on the study and upgrading of the heating, ventilation, and air conditioning (HVAC) system of "R" Building in Lincoln Regional Center and an estimate of the renovation costs of the second floor for use as a "Sex Offender" Unit is complete |
| 301 | S10(1) | D1.5 | Cash flow plan for Regional Center funds   | A projection of the funds that will be available for redirection from regional center budgets to community-based services assuming a reduction in the demand for those service is developed   |
| 307 | S10(1) | D1.6 | Funding allocations for one-time and emergency appropriations  | The funds appropriated by the Legislature for Emergency Services are allocated to the Regional Behavioral Health authorities consistent with the HHSS <i>LB 1083 Behavioral Health Implementation Plan</i>  |
| 311 | S10(1) | D2   | List of services and capacities to be provided by Regional Centers (RC).   | A list of the services and capacities that will be provided by the regional centers in the long-term as part of the Behavioral Health System is developed   |
| 325 | S10(1) | D3   | List of BH Services and definitions  | (Duplicates #56 and #541)) A list of proposed behavioral health services and definitions to be provided in the community and in the regional centers is developed.  |
| 335 | S10(1) | D4   | Effective authorization environment  | An integrated service authorization process (Magellan) for both NBHS with one set of set of criteria and protocols for the authorization and reporting of behavioral health services is operational   |
| 343 | S10(1) | D5   | Quality improvement plan and process for services and transition of consumers.   | A quality improvement plan that focuses on the improvement on the quality of services, increased access to services, the safety of consumers and the public, and the efficient delivery of services is developed.                                       |
| 344 | S10(1) | D5.1 | Methodology (System) for measuring consumer, process, and system outcomes  | A methodology for measuring consumer outcomes and provider and system performance is developed  |
| 350 | S10(1) | D6   | Final methodology and payment rates for all BH reform services   | The methodology for determining the rates to be paid providers for all Behavioral Health services is developed and implemented  |
| 351 | S10(1) | D6.1 | Rate determined for acute, secure, crisis stabilization  | The rates to be paid providers for acute, secure (sub-acute), and crisis stabilization for NBHS and Medicaid during FY 05 are determined and implemented  |



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| 357 | S10(1) | D6.2 | Integrated Rate Setting Methodology   | A methodology for determining the rates to be paid behavioral health providers is developed and approved by the HHSS Policy Cabinet  |
| 369 | S10(1) | D6.3 | Rates established for all behavioral health services  | The rates to be paid behavioral health providers beginning July 1, 2005, are established and implemented   |
| 377 | S10(1) | D7   | Medicaid State Plan Amendments (SPA) or waivers as needed submitted to CMS  | The Medicaid State Plan amendments (SPA) or waivers needed to maximize federal Medicaid match for services provided Medicaid eligibles are written and submitted to CMS.               |
| 382 | S10(1) | D7.1 | CMS (waiver or amendment) implemented if approved   | The Medicaid State Plan amendments (SPA) or waivers are implemented as approved by CMS (See Deliverable #377)  |
| 388 | S10(1) | D8   | Plan for increased supportive employment opportunity for consumers  | A strategic plan for increased supportive employment opportunity for consumers is finalized.   |
| 397 | S10(1) | D9   | Expanded employment services for target population  | Employment services for the target population are expanded a result of the implementation of the Behavioral Health Reform Supporting Employment Plan                                   |
| 399 | S10(1) | D10  | Regional contracts for services between state and Regions   | The Annual Contracts between the State and Regions for the delivery of Community-Based Behavioral Health Services are complete. (Required annually)                                    |
| 405 | S10(1) | D11  | Contracts or agreements with providers for services not provided through the Regions  | Contracts for community-based services (ex: long-term care) that are not provided through the regions but are required to reduce the reliance on regional center services are in place |
| 414 | S10(2) | D1   | Expenditures by Regional Centers are managed so sufficient HRC/NRC funds are available to fund community services so commitments are diverted to the community. | Regional Center expenditures are managed so that the funds identified in the HHSS LB1083 Behavioral Health Implementation Plan are available for funding community-based services      |
| 417 | S10(3) | D1   | Notice to reduce or discontinue Regional Center services to Governor and Legislature  | Notice of the intent to reduce or discontinue regional center services is provided to the Governor and the Legislature when the provisions of Section 10 (2) of LB 1083 have been met  |
| 427 | S10(3) | D1.1 | Senator Briefings   | Senators are briefed on the reduction of licensed beds at the regional centers and the transfer of services to the community as provided in Section 10 (2) of LB 1083                  |

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| 432 | S10(3) | D1.2 | Format for Governor, Legislature See Section 10(2)   | A format for notifying the Governor and Senators of the intent to reduce or discontinue regional center services is developed (see Deliverable #417)  |
| 433 | S10(3) | D1.3 | HHSS Criteria to make determination recommendation to Governor   | The criteria for HHSS to make the determination that the provisions of Section 10(2) of LB 1083 have been accomplished is developed (See Deliverable #417)  |
| 438 | S10(3) | D2   | Informational materials for employees, public, media, consumers and providers  | Informational materials explaining the reduction of licensed beds at the regional centers and movement of services to the community are prepared and distributed to employees, the public, media, consumers, and providers. |
| 445 | S10(4) | D1   | Layoff Plans   | Layoff plans for reducing the number of employees at the regional centers are developed and approved by DAS Employee Relations  |
| 462 | S10(4) | D2   | Employee Support Plan(s)   | Plans for supporting laid-off regional center employees in seeking and finding other employment are developed   |
| 463 | S10(4) | D2.1 | General Notification to All Staff About Layoffs  | Regional Center employees are provided notification of training and support services available, possible job openings, and other information relating to reduction of the number of employees at the regional centers.      |
| 473 | S10(5) | D1   | Plan to Provide Training For HHSS Regional Center Employees Transitioning to State-Operated Community-Based Services | A plan to provide training for HHSS regional center employees who are transitioning to community-based services is developed  |
| 479 | S10(6) | D1   | Notice of 20% occupancy to Governor and Legislature  | Notification is sent to the Governor and Legislature that the number of occupied beds in one of the regional centers is 20% or less of a licensed beds of that regional center.   |
| 483 | S10(6) | D1.1 | Senator Briefings  | Senators are briefed regarding the number of occupied beds at one of the regional centers being 20% or less of the licensed beds of that regional center  |
| 493 | S10(6) | D1.2 | Informational materials for employees, public, media, consumers and providers  | Informational materials relating to the reduction in occupied beds to 20% of licensed beds at a regional center are prepared and distributed to employees, the public, media, consumers, and providers.                     |

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| 500 | S10(6) | D2 | Regional Center Assessment Tool  | An assessment tool to assist in determining the appropriate community placement of patients at the regional centers is being utilized at the regional centers.   |
| 506 | S10(6) | D3 | : Contracts with Transition Coordinators and Project Manager   | Contracts for a Transition Coordinators and Transition Coordinator Manager to assist in transitioning patients from the regional centers to community-based services are in place  |
| 516 | S10(6) | D4 | Transition Team Trained  | Transition Coordinators, the Transition Coordinator Manager, and regional center social workers are trained in the skills required to transition regional center patients to community-based services                    |
| 521 | S10(6) | D5 | All consumers at the Regional Centers transitioned to community services   | All patients of acute, sub-acute, and residential services at the regional centers are moved to community-based services   |
| 527 | S11    | D1 | Allocation plan for distribution of funds to the Regional Behavioral Health Authorities (RBHAs)  | The funds appropriated by the Legislature are allocated to the Regional Behavioral Health authorities consistent with the statewide behavioral health plan   |
| 533 | S11    | D2 | Integrated budget  | An budget which includes the funding for all behavioral health services within HHSS is developed   |
| 541 | S11    | D3 | Behavioral Health Services   | (Duplicates #56 and #325)) A list of proposed behavioral health services and definitions to be provided in the community and in the regional centers is developed.   |
| 543 | S11    | D4 | Information regarding number of people served/by service/by cost   | A report of the number of people served by demographics, service provided, and by region is prepared for FY 2004   |
| 546 | S13-16 | D1 | Recommendation on committee members for State Advisory Committees on Mental Health Services, Substance Abuse Services, and Problem Gambling and Addiction Services | A list of persons recommended for membership on the State Advisory Committees on Mental Health Services, Substance Abuse Services, and Problem Gambling and Addiction Services is provided to the Governor's Office      |
| 551 | S13-16 | D2 | Draft document of by-laws  | A draft of proposed committee by-laws is provided to the State Advisory Committees on Mental Health Services, Substance Abuse Services, and Problem Gambling and Addiction Services is provided to the Governor's Office |

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| 556 | S13-16 | D3   | List of staff assigned to support council and committees   | A list of the employees assigned to support the State Behavioral Health Council and the State Advisory Committees on Mental Health Services, Substance Abuse Services, and Problem Gambling and Addiction Services is provided to the HHSS Policy Cabinet |
| 558 | S13-16 | D4   | Organization meeting arrangements (BH Council and subcommittees)   | The date, location and agenda for the first meeting of the State Behavioral Health Council and the State Advisory Committees on Mental Health Services, Substance Abuse Services, and Problem Gambling and Addiction Services is set.                     |
| 566 | S13-16 | D5   | Status report to Oversight Commission which includes activities of committees and selection of council members | A status report describing the selection of the members and the activities of the State Behavioral Health Council and the State Advisory Committees is provided to the Legislative Oversight Commission.  |
| 568 | S17.1  | D1   | Integration Plan of Gamblers Assistance Program (GAP) into the Division of Behavioral Health Services          | A plan for integrating the Gamblers Assistance Program within the Division of Behavioral Health Services is developed.  |
| 572 | S17.1  | D2   | GAP Budget   | A budget for the Gamblers Assistance Program is developed and included in the budget for behavioral health services (Deliverable #533)  |
| 578 | S17.1  | D3   | Reimbursement process for services (GAP)   | A process for reimbursing providers for providing services as part of the Gamblers Assistance Program is developed and implemented  |
| 584 | S21    | D1   | Training Packages  | The Training packages including curricula and training materials for Mental Health Boards and for the delivery of Emergency Protective Custody (EPC) services are developed. (See Deliverables #586 and #594)   |
| 586 | S21    | D1.1 | Training Package for Mental Health Board (MHB)   | Training Curriculum and materials necessary to train the members and alternate members of each Mental Health Boards are complete.   |
| 594 | S21    | D1.2 | Training Package for Emergency Protective Custody (EPC) Centers  | A Training Curriculum and materials related to EPC procedures for training of members and alternate members of each Mental Health Board, Law Enforcement, and Mental Health Professionals is written.   |
| 596 | S21    | D2   | Consumer group input to develop training - Section 36(1)   | Input and recommendations for the development of Mental Health Board and EPC training is collected from consumers   |

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| 598 | S101 | D1   | System for matching SMI Consumers in Independent Housing (consumer/provider/landlord)        | A system for matching consumers with serious mental illness (SMI) and needing mental health support services to independent housing resources is developed  |
| 606 | S101 | D2   | Recommendations to DED   | The HHSS recommendations for the development of a system to deliver rental assistance to persons with serious mental illness (SMI) and how affordable housing funding will be utilized is forwarded to the Department of Economic Development. (See Deliverables #607 and #608) |
| 607 | S101 | D2.1 | Recommendations on system for delivering rental assistance to persons with SMI (short term)  | The HHSS recommendations for the development of a system to deliver rental assistance to persons with serious mental illness (SMI) is developed and provided to the Department of Economic Development  |
| 608 | S101 | D2.2 | Recommendation on use of \$2 million for affordable housing for persons with SMI (long-term) | The HHSS recommendations for how the funding (\$2 million) provided for affordable housing for persons with serious mental illness should be utilized is provided to the Department of Economic Development   |
| 616 | S101 | D3   | Housing First Policy   | A Housing First Policy that provides for an assessment of housing needs of consumers to be included as part of the discharge planning from inpatient and residential care will be developed and implemented.  |

#### **Recommendation #4: Executive Branch Intent.**

The Behavioral Health Oversight Commission of the Legislature recommends that the Behavioral Health Implementation Plan be amended to include additional narrative and further clarification of Nebraska Health and Human Services System policy and intent with respect to each required element of the plan as contained in LB 1083 (2004), section 20 (Neb. Rev. Stat., section 71-820).

#### **HHSS Response to Recommendation #4:**

The following information and clarification will be presented to the Commission:

| Required Element of the Plan   | Corresponding Deliverable                    |   |  |
|--|--|---|--|
|  | ID   | Statute Section   | Deliverable Code                       |
| 1. Select and appoint: <ul style="list-style-type: none"><li>• An administrator</li><li>• Chief clinical officer</li><li>• program administrator for consumer affairs and other staff within the Division</li></ul>  | 1<br>12<br>22                                | S5D1<br>S5D2<br>S5D#  | D1<br>D2<br>D4                         |
| A Behavioral Health Administrator has been hired. He is in the process of hiring both a Chief Clinical Officer and an Administrator for Consumer Affairs.  |  |   |  |
| 2. Implement necessary and appropriate administrative and other changes within the Nebraska Health and Human Services System to carry out the Nebraska Behavioral Health Services Act;   | 45,<br>44,<br>39,<br>42,<br>61,<br>67,<br>73 | 6.1(a)<br>6.1(a)<br>5<br>6.1(a)<br>6.1(a)<br>6.1(a)<br>6.1(b) | D3<br>D2<br>D5<br>D1<br>D5<br>D6<br>D1 |
| With the three new positions described above, the Office of Behavioral Health will be reorganized to reflect the goals of the reform. Separate budget mechanisms will be developed, and necessary policies, rules, and regulations will be established within Behavioral Health Services and within the broader Nebraska Health and Human Services System. |  |   |  |
| 3. Describe and define the role and function of the office of consumer affairs within the division.  | 22   | S5D3  | D3                                     |
| Once the Administrator for the Office of Consumer Affairs is on board, that person's expertise will be utilized to develop more detailed plans for the office. Considerations will be given to staff and an advisory group.  |  |   |  |
| 4. Describe and define the relationship between the division and regional behavioral health authorities, including, but not limited to, the nature and scope of  | 61<br>95<br>103<br>113                       | 6.1(a)<br>6.1(d)<br>6.1(d)<br>6.1(d)                          | D5<br>D1<br>D1.1<br>D2                 |

| Required Element of the Plan   | Corresponding Deliverable |                 |                  |
|--|---------------------------|-----------------|------------------|
|  | ID                        | Statute Section | Deliverable Code |
| the coordination and oversight of such authorities by the division   | 124                       | 6.1(d)          | D3               |
| The relationship between the Division and regional health authorities will be renegotiated and documented through rules, regulations, budgets, and contracts. This will likely involve changes in how some Medicaid programs are managed.  |                           |                 |                  |
| 5. Encourage and facilitate the statewide development and provision of an appropriate array of community-based behavioral health services and continuum of care for both children and adults and the integration and coordination of such services with primary health care services | 73                        | 6.1(b)          | D1               |
|  | 83                        | 6.1(c)          | D1               |
|  | 288                       | 10(1)           | D1.3             |
| The Division will work with Medicaid, providers, and regional authorities to coordinate funding for a comprehensive and coordinated array of services.   |                           |                 |                  |
| 6a. Identify persons currently receiving regional center behavioral health services for whom community-based behavioral health services would be appropriate.  | 500                       | 10(6)           | D2               |
| All individuals currently residing in regional centers will be evaluated using a strength based approach aiming at community integration.  |                           |                 |                  |
| 6b. Provide for the development and funding of appropriate community-based behavioral health services for such persons in each behavioral health region  | 39                        | 5               | D5               |
|  | 56                        | 6.1(a)          | D4               |
|  | 113                       | 6.1(d)          | D2               |
|  | 124                       | 6.1(d)          | D3               |
|  | 288                       | 10(1)           | D1.3             |
| Based on assessments of individual consumers, plans will be developed for community services, funds will be allocated through the regional authorities. New methods of increasing federal participation through Medicaid are being explored.   |                           |                 |                  |
| 6c transition such persons from regional centers to appropriate community-based behavioral health services.  | 500                       | 10(6)           | D2               |
|  | 506                       | 10(6)           | D3               |
|  | 521                       | 10(6)           | D5               |
| An organized system of coordinating transfer of services from regional centers to community providers will be established, and will include assigning community providers, development of coordinated service plans, and integration with natural resources in the community.        |                           |                 |                  |
| 6d reduce new admissions and re-admissions to regional centers.  | 278                       | 10(1)           | D1.1             |
|  | 283                       | 10(1)           | D1.2             |
| A system of new community based hospital and emergency services are being developed across the state.  |                           |                 |                  |
| 6e establish criteria, procedures, and timelines for the closure of the Norfolk Regional Center and the Hastings Regional Center   | 405                       | 10(1)           | D11              |
|  | 414                       | 10(2)           | D1               |
|  | 417                       | 10(3)           | D1               |

| Required Element of the Plan   | Corresponding Deliverable               |  |                                    |
|--|---|--|------------------------------------|
|  | ID                                      | Statute Section  | Deliverable Code                   |
| and policies and procedures for the recruitment, retention, training, and support of regional center Employees affected by such closures   | 433<br>445<br>462                       | 10(3)<br>10(4)<br>10(4)                                | D1.3<br>D1<br>D2                   |
| Systems are established to monitor the regional facilities, maintain their accreditation and staffing while they are open, cautiously move savings from regional centers into the community, and care for staff when layoffs occur.  |   |  |                                    |
| (7) Integrate all behavioral health funding within the Nebraska Health and Human Services System and allocate such funding to support the consumer and his or her plan of treatment  | 39<br>73<br>533<br>568<br>572           | 5<br>6.1(b)<br>11<br>17<br>17                          | D5<br>D1<br>D2<br>D2<br>D1<br>D2   |
| Plans are being developed to "braid" state behavioral health dollars" with Medicaid federal dollars to decrease burden on providers, increase flexibility and funds, and to maximize federal reimbursement to the benefit of Nebraska consumers.   |   |  |                                    |
| (8) Establish<br>(a) priorities for behavioral health services and funding<br>(b) rates and reimbursement methodologies for providers of behavioral health services and draft negotiated rulemaking policies and procedures for the development and implementation of such methodologies,<br>(c) fees to be paid by consumers of behavioral health services, which fees shall not exceed the actual costs of providing such services | 169<br><br>150<br>157<br>159<br><br>161 | 6.1(f)<br><br>6.1(f)<br>6.1(f)<br>6.1(f)<br><br>6.1(f) | D5<br><br>D1<br>D2<br>D3<br><br>D4 |
| Priorities for behavioral health services and funding have been established, beginning with those currently residing in regional centers. Rates and reimbursement methodologies are being negotiated and altered to maximize federal participation while retaining local control over services. A new sliding fee schedule will be developed.  |   |  |                                    |
| (9) Access additional public and private funding for the provision of behavioral health services in each behavioral health region, including additional federal funding through the medical assistance program established in section 68-1018, and establish programs and procedures for the provision of grants, loans, and other assistance for the provision of such services   | 73<br>83<br>187<br>218<br>257<br>377    | 6.1(b)<br>6.1(c)<br>6.1(h)<br>6.1(j)<br>9<br>10(1)     | D1<br>D1<br>D1<br>D4<br>D1<br>D7   |



| Required Element of the Plan   | Corresponding Deliverable |                 |                  |
|--|---------------------------|-----------------|------------------|
|  | ID                        | Statute Section | Deliverable Code |
| Rules, regulations, and plan amendments necessary to increase federal participation through Medicaid are being initiated, and new contracting mechanisms are being explored. Relationships with academic partners are being strengthened to assist in the development of grant applications. |                           |                 |                  |
| (10) Encourage and facilitate activities of the State Behavioral Health Council and the advisory committees making up such council 546, 551, 556, 558, 566, ; and  | 546                       | 13-16           | D1               |
|  | 551                       | 13-16           | D2               |
|  | 556                       | 13-16           | D3               |
|  | 558                       | 13-16           | D4               |
|  | 566                       | 13-16           | D5               |
| The Behavioral Health Councils have been organized and trained. Initial meetings were held in November, 2004.  |                           |                 |                  |
| (11) Promote activities in research and education to improve the quality of behavioral health services, the recruitment and retention of behavioral health professionals, and the availability of behavioral health services   | 200                       | 6.1(j)          | D1               |
|  | 205                       | 6.1(j)          | D2               |
|  | 213                       | 6.1(j)          | D3               |
|  | 218                       | 6.1(j)          | D4               |
|  | 224                       | 6.1(j)          | D5               |
| Academic community will be recruited to assist in the identification of best practices, to aid in workforce development, in promoting services research that will encourage grants to Nebraska, students to enter the field, and improvement in the quality of care.                         |                           |                 |                  |